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LICENSE NUMBE	ER: 067400002		CITY OR TOWN	MATTAPO	DISETT
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS	: Rick's Tavern, Inc				
ADDRESS 35 COL					
CITY/TOWN: MA		STATE: MA	ZIP CODE:	02739	
		PE OF LICENSE: Re		ATEGORY:	All Alcohol
EMAIL ADDRESS	,		-]
EWAIL ADDICESS	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMI	SES:			
	ODEN BLDG, TWO CK ROOM. ENTRAN				
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of	the same type for the	e same premises now	licensed;	
2. the licen	see has complied with	all laws of the Com	monwealth relating t	o taxes; and	
3. the prem	nises are now open for	business (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are ed by the building in: I (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
of 2010.	- (2)		arance required by	01.mp vv1 110	01 0110 11000
Please Check Below:	_		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	loin)				
(If disapproved exp	nam)				
DATE:					
	EWAL MUST BE FILED BY L	IOENIGEEG DANDING THE	TOWER OF MOVED THE A		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	16/400004		CITY OR TO	WN MATTAP	OISETT
APPLICATION FOR F	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	NEIMAD CLUB H	IOME CORP.			
DOING BUSINESS A	KNIGHT'S OF C	OLUMBUS			
ADDRESS 57 FAIRHA	AVEN RD.				
CITY/TOWN: MATT	CAPOISETT	STATE: MA	ZIP CODI	E: 02739	
MANAGER: ALFER	ES, JAMES TYP	'E OF LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF LI					
BAR AND LOUNGE A HALL, SMALL SERV ROOM					
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of	the same type for the	same premises	now licensed;	
2. the licensee	has complied with	all laws of the Comn	nonwealth relat	ing to taxes; and	
3. the premises	s are now open for	business (If not expla	in below)		
SIGNED BY	Indiaidaal Dawaaa	A4h C	anta Offica		
]	marviduai, Partiier	or Authorized Corpo	rate Officer		
DATE:	TELEDIJON	E MIMOED.	EMPI	OYER IDENTIFICAT	TION NUMBER:
	TELEPHON	E NUMBER:		<u>T</u> Individual Social S	
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building ins	spector and the head	of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)				
			-		
DATE:					
DAIE.					



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LICENSE NUMBER:	067400007		CITY OR TOWN	MATTAPO	DISETT
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	RESERVATION GOLF	CLUB INC.			
DOING BUSINESS A	1				
ADDRESS 10 RESER	RVATION RD				
CITY/TOWN: MAT	TAPOISETT S	STATE: MA	ZIP CODE:	02739	
MANAGER: O'BRI	EN, ROBERT TYPE OF	F LICENSE: Clu	b C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		-
DESCRIPTION OF L	ICENSED PREMISES:				
	, BAR, LOUNGE,SMAL IGE,FUNCTION HALL,				
I hereby certify and sw	vear under penalties of pe	erjury that:			
	d license will be of the sa	• 1	•		
	e has complied with all la		_	to taxes; and	
3. the premise	es are now open for busin	ness (If not expla	in below)		
SIGNED BY	Individual, Partner or A	uthorized Corno	rate Officer		
	individual, i di dici oi i i	dinorized corpo			
DATE:	TELEPHONE NU	IMDED.	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TELEFHONE NO	MIDEK.		dividual Social S	
Acts of 2004, signed	, attest that we are in po by the building inspecto 2) the certificate of liquo	or and the head	l of the fire depart	ment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:]				
(If disapproved explain	n)		-		
			-		
DATE:					



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LICENSE NUMBER: 067400009		CITY OR TOWN	MATTAPOISETT
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: 13 WATER STRE DOING BUSINESS A THE INN ON SE			
ADDRESS 13 WATER ST.			
CITY/TOWN: MATTAPOISETT	STATE: MA	ZIP CODE:	02739
MANAGER: PERRY, ANDREA TY	PE OF LICENSE: Inn	holder CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	SES:		
THREE STORY WOODEN STRUCTUS SOUTH SIDE. BAR LOCATED IN MA ONE ADDITIONAL BAR ON SCREEN SUMMER MONTHS	IN LOUNGE ON NO	RTH WALL. THRE	EE DINING ROOMS;
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	the same type for the	same premises now	licensed;
2. the licensee has complied with		_	taxes; and
3. the premises are now open for	business (If not explain	ain below)	
SIGNED BY Individual, Partner	r or Authorized Corpo	orate Officer	
DATE: TELEBRION		EMPLOVED	IDENTIFICATION NUMBER.
TELEPHON	IE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	l of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	06/400011		CITY OR TO	JWN MATTAP	OBETT
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 2 & 4 COU	JNTY ROAD)			
CITY/TOWN: MAT	TAPOISETT	STATE: MA	ZIP COI	DE: 02739	
MANAGER: Lima, I	Edward F	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		<u> </u>
DESCRIPTION OF LI	CENSED PR	EMISES:			
TO EXPAND INTO T ROAD.	HE REST OF	FEXITING RETAIL AF	REA IN SAM E	BUILDING 2-4 C	COUNTY
2. the licensee 3. the premise SIGNED BY	has complied s are now ope	be of the same type for the description of the Core for business (If not expert for business (If not expert for Authorized Core	mmonwealth rela		
	11101 / 100011, 1	artifer of HadioTized Col	porate officer		
DATE:	TELEP	HONE NUMBER:		LOYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LI By:	CENSING AUTH	IORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067400013		CITY OR TOWN	MATTAPO	ISETT
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		7	YEAR
LICENSEE NAME: BRETT D. SHERMAN				
DOING BUSINESS A				
ADDRESS 59 COUNTY ROAD				
CITY/TOWN: MATTAPOISETT ST	ATE: MA	ZIP CODE:	02739	
MANAGER: sherman, brett s TYPE OF	LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISES: APPROX 24X40 OF RETAIL SALES AREA A I hereby certify and swear under penalties of perj 1. the renewed license will be of the sam 2. the licensee has complied with all law 3. the premises are now open for business	jury that: ne type for the vs of the Comi	same premises now nonwealth relating to	licensed;	OING
SIGNED BY Individual, Partner or Aut	horized Corpo	orate Officer		
DATE: TELEPHONE NUM	ИВЕR:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHC	PRITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	06/400014		CITY OR TOW	N MATTAPO	JISET I
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 00062A F.	AIRHAVEN RE)			
CITY/TOWN: MAT	ΓΑΡΟΙSETT	STATE: MA	ZIP CODE:	02739	
MANAGER: PATE	L, SAN JAY	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREI	MISES:			
40'7 X 29'5 RETAIL A FACING ROUTE 6.			EN COOLER DOO	RS. MAIN EN	TRANCE
2. the licensee	has complied v	of the same type for the vith all laws of the Corfor business (If not exp	nmonwealth relating		
SIGNED BY	Individual, Part	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06	0/400015		CITYOR	CIOWN	MATTAPO	JISEI I
APPLICATION FOR RE	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: N	ICK'S HOMEMA	ADE PIZZA HOUSI	E,LLC			
DOING BUSINESS A						
ADDRESS 27 COUNTY	Y ROAD					
CITY/TOWN: MATTA	APOISETT	STATE: MA	ZIP C	CODE:	02739	
MANAGER: VRAKA	S,DAPHNE TYP	PE OF LICENSE: Re	estaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR I	EMAIL ADDRESS	S		_
DESCRIPTION OF LIC	ENSED PREMIS	SES:				
ONE STORY BLDG WI THREE DOORS, ONE I COOLER. RESTROOM	FRONT,ONE BA					
I hereby certify and swea	r under penalties	of perjury that:				
1. the renewed l	icense will be of	the same type for th	e same pren	nises now	licensed;	
2. the licensee h	as complied with	all laws of the Com	monwealth	relating t	o taxes; and	
3. the premises a	are now open for	business (If not exp	lain below)			
SIGNED BY In	dividual, Partner	or Authorized Corp	orate Office	er		
DATE:	TELEPHON	E NUMBER:	F	EMPLOYER	R IDENTIFICAT	TON NUMBER:
			(Note	e: <u>NOT</u> Inc	dividual Social S	ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building ins	spector and the hea	d of the fir	e depart	ment for the	above
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	:067400020		CITY OR TOW	N MATTAPO	OISETT
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	TOKYO RESTAURAL	NT INC.			
DOING BUSINESS A	A TOKYO RESTAURA	ANT			
ADDRESS 143 FAIR	HAVEN ROAD				
CITY/TOWN: MAT	TAPOISETT	STATE: M	A ZIP CODE:	02739	
MANAGER: CHEA	A, SARA TYPE C	OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOU	R EMAIL ADDRESS		
	ICENSED PREMISES				
	TRANCE/EXIT SOUT ON 1ST FLOOR; FULL				Γ
I hereby certify and sy	wear under penalties of p	neriury that:			
	ed license will be of the		the same premises no	ow licensed:	
	e has complied with all	• •	•		
	es are now open for bus			,	
SIGNED BY					
	Individual, Partner or A	Authorized Co	rporate Officer		
DATE:	TELEPHONE N	UMBER:		ER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
	, attest that we are in j				
	by the building inspec 2) the certificate of liqu				
of 2010.	2) the certificate of hy	uoi nabinty n	isurance required in	y Chapter 110	o of the Acts
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	n)				
DATE:					



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LICENSE NUI	MBER: 067400021		CITY OR TOWN	MATTAPOISETT
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: AJN CORP.			
DOING BUSIN	NESS A MATTAPOISE	TT CHOWDER HOU	SE AND TAVERN	
ADDRESS 79	FAIRHAVEN ROAD			
CITY/TOWN:	MATTAPOISETT	STATE: MA	ZIP CODE:	02739
MANAGER:	KORAN, MARK TY	YPE OF LICENSE: Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
-	N OF LICENSED PREM			
	ABLES SEATS FOUR. I AND BASEMENT FOR S		S TWO AND FOUR	R TABLES SITS SIX.
I hereby certify	and swear under penalti	es of perjury that:		
1. the	renewed license will be o	of the same type for the	same premises nov	v licensed;
2. the	licensee has complied wi	th all laws of the Com	monwealth relating	to taxes; and
3. the	premises are now open for	or business (If not expl	ain below)	
SIGNED BY	Individual Partn	er or Authorized Corp	orate Officer	
	marvidadi, i diti	or or rumorized corp	orate officer	
DATE:	TELEBIJO	NE NUMBER:	FMPI OYE	R IDENTIFICATION NUMBER:
	TELEFIIO	THE NOWIDER.		dividual Social Security Number)
*** (1 1				11 (1 4 204 64
	signed, attest that we ar signed by the building i			red by Chapter 304 of the tment for the above
				Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:			-	
APPLICATION FOR	RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	IONTH OF NOVEMBER (V.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBE	R: 067400022		CITY OR	TOWN	MATTAP	OISETT
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME	: Real Ventures Inv	estments, LLC				
DOING BUSINESS	S A The South Coast	Local				
ADDRESS 81 FAII	RHAVEN ROAD					
CITY/TOWN: MA	ATTAPOISETT	STATE: MA	A ZIP CO	ODE:	02739	
MANAGER: Gibs	son, Sherry A TY	PE OF LICENSE:	Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF	LICENSED PREMI	ISES:				
RESTAURANT S	SERVING BREAKFA	AST, LUNCH & D	INNER			
I hereby certify and	swear under penaltie	es of perjury that:				
1. the renev	wed license will be of	f the same type for t	the same premi	ises now	licensed;	
2. the licen	see has complied with	h all laws of the Co	mmonwealth r	elating t	o taxes; and	
3. the prem	ises are now open for	r business (If not ex	plain below)			
SIGNED BY	Individual, Partne	er or Authorized Co	rporate Officer			
DATE:	TELEPHON	NE NUMBER:				TION NUMBER: Security Number)
Acts of 2004, signe	ed, attest that we are ed by the building in (2) the certificate o	spector and the ho	ead of the fire	depart	ment for the	above
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	lain)					
DATE:						
APPLICATION FOR RENE	EWAL MUST BE FILED BY	LICENSEES DURING THE	E MONTH OF NOV	EMBER (M	I.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 067400023		CITY OR TOWN	MATTAPO	DISETT
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	JUDITH L. PASQUILI	_			
DOING BUSINESS	A TURK'S SEAFOOD,	INC.			
ADDRESS 83 MAR	RION RD				
CITY/TOWN: MA	TTAPOISETT	STATE: MA	ZIP CODE:	02739	
MANAGER: PAS	QUILL,JUDITH TYPE C	F LICENSE: Re	staurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		I
DESCRIPTION OF	LICENSED PREMISES:				
	NG CONSISTING OF 2 D SEATING; KITCHEN; N				FISH
	E ENTRANCES/EXITS O				
I hereby certify and	swear under penalties of p	perjury that:			
	ved license will be of the s	• 1			
2. the licens	see has complied with all l	laws of the Comi	nonwealth relating to	o taxes; and	
3. the premi	ises are now open for busi	ness (If not expl	ain below)		
SIGNED BY	Individual, Partner or A	Authorized Corn	orata Officar		
	marviada, i artifer of F	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	IMDED.	FMPI OYER	RIDENTIFICAT	ION NUMBER:
	I ELEPHONE IN	UNIDEK:	(Note: NOT Ind		
Acts of 2004, signe	ed, attest that we are in ped by the building inspect (2) the certificate of liqu	tor and the head	d of the fire departı	ment for the	above
Please Check Below:			LOCALLICENS	UNIC ALITHE	DITY
APPROVED:			LOCAL LICENS By:	ЛПОВ Оппо	JKII I
DISAPPROVED:			2).		
(If disapproved expl	ain)				
D.A.TE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	LK: 06/40002/		CITY OR IC	WN MATTAP	OISETT
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME	: HOW ON EARTH	I LLC			
DOING BUSINESS	S A HOW ON EART	'H			
ADDRESS 62 MAI	RION ROAD				
CITY/TOWN: MA	ATTAPOISETT	STATE: MA	ZIP COD	DE: 02739	
MANAGER: BAI MA	LDWIN, TY	PE OF LICENSE: Re	staurant	CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMI	SES:			
LOCAL ORGANIC	C FOOD STORE WIT	TH RESTAURANT			
	swear under penalties				
1. the renev	wed license will be of	the same type for the	same premises	s now licensed;	
2. the licen	see has complied with	n all laws of the Com	nonwealth rela	ting to taxes; and	
3. the prem	nises are now open for	business (If not expl	ain below)		
GIGNED DV					
SIGNED BY	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TEL EPHON	IE NI IMBER:	EMPI	LOYER IDENTIFICA	ATION NUMBER:
TELEPHONE NUMBER:		L IVOIVIDLIC.	(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, signe	ed, attest that we are ed by the building in I (2) the certificate of	spector and the hea	d of the fire de	epartment for th	e above
Please Check Below:			LOCAL LI	CENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 067400028		CITY OR TOWN	MATTAPOISETT	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NA	ME: YING DYNA	ASTY OF MATTAPOISET	T, INC		
DOING BUSIN	ESS A YING DYN	ASTY II			
ADDRESS 24 C	COUNTY RD				
CITY/TOWN:	MATTAPOISETT	STATE: MA	ZIP CODE:	02739	
	ZHAO, YING SHANGQ	TYPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol	
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION	OF LICENSED PR	EMISES:			
I hereby certify a	and swear under pen	alties of perjury that:			
		be of the same type for the	-		
	-	l with all laws of the Comr	•	taxes; and	
3. the p	remises are now ope	en for business (If not expla	nin below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Corpo	rate Officer		
	Individual, Pa	artner or Authorized Corpo	rate Officer		
	Individual, Pa	artner or Authorized Corpo	orate Officer		
DATE:				IDENTIFICATION NUMBER:	
DATE:		artner or Authorized Corpo	EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)	
We the underst	TELEP igned, attest that w igned by the buildin		EMPLOYER (Note: NOT Indece certificate required)	ed by Chapter 304 of the ment for the above	
We the underst Acts of 2004, si named license :	TELEP igned, attest that w igned by the buildin and (2) the certifica	PHONE NUMBER: The are in possession (1) the least inspector and the head	EMPLOYER (Note: NOT Indece certificate required lof the fire departs rance required by	ed by Chapter 304 of the ment for the above	
We the unders: Acts of 2004, si named license : of 2010. Please Check Below APPROVED: [TELEP igned, attest that w igned by the buildin and (2) the certifica	PHONE NUMBER: The are in possession (1) the least inspector and the head	EMPLOYER (Note: NOT Indece certificate required lof the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
We the unders: Acts of 2004, si named license of 2010. Please Check Below APPROVED: [DISAPPROVEI	TELEP igned, attest that w igned by the buildin and (2) the certifica	PHONE NUMBER: The are in possession (1) the least inspector and the head	EMPLOYER (Note: NOT Indece certificate required of the fire department of the fire departme	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
We the unders: Acts of 2004, si named license : of 2010. Please Check Below APPROVED: [TELEP igned, attest that w igned by the buildin and (2) the certifica	PHONE NUMBER: The are in possession (1) the least inspector and the head	EMPLOYER (Note: NOT Indece certificate required of the fire department of the fire departme	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
We the unders: Acts of 2004, si named license of 2010. Please Check Below APPROVED: [DISAPPROVEI	TELEP igned, attest that w igned by the buildin and (2) the certifica	PHONE NUMBER: The are in possession (1) the least inspector and the head	EMPLOYER (Note: NOT Indece certificate required of the fire department of the fire departme	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	



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LICENSE NUMBE	R: 067400029		CITY OR TOWN	MATTAPOISETT
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: TASTEBUDS, INC.			
DOING BUSINESS	S A			
ADDRESS 42 MAI	N ST.			
CITY/TOWN: MA	ATTAPOISETT S	STATE: MA	ZIP CODE:	02739
MANAGER: LAF D. C	REAU, CAROL TYPE OI	F LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS	
	LICENSED PREMISES:			
MULTI USE COM	MERCIAL BLDG. W/ UN	ISEX BATHRO	OOM	
-	swear under penalties of pe			
	wed license will be of the sa	• •	•	
	see has complied with all la		_	taxes; and
3. the prem	ises are now open for busin	ness (If not expla	ain below)	
SIGNED BY	Individual, Partner or A	uthorized Corne	orata Officar	
	marviduai, i artiici oi A	umorized Corpe	rate Officer	
DATE:		7 (DED	EMPLOVED	IDENTIFICATION NUMBED.
DITTE.	TELEPHONE NU	MBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
				• /
	ed, attest that we are in po			
	ed by the building inspect (2) the certificate of liquo			
of 2010.	1		1	1
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	., (0.110.111.1
DISAPPROVED:			,	
(If disapproved expl	lain)		-	
DATE:				
APPLICATION FOR RENE	EWAL MUST BE FILED BY LICENSI	EES DURING THE M	ONTH OF NOVEMBER (M.	.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUM	BER: 067400030		CITY OR TOWN	MATTAPOISETT
APPLICATION	FOR RENEWAL:	Annual LICENSED FOR 2013		
		CLASS		YEAR
DOING BUSINI	ME: THE MATTAPOIS ESS A THE SPEEDWEL			
ADDRESS 47 M				
CITY/TOWN:	MATTAPOISETT	STATE: MA	ZIP CODE:	02739
MANAGER: N	MELLO, JOHN T. TYP	E OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR WE OF LICENSED PREMIS		EMAIL ADDRESS	
ROOMKITCH ON THE MAIN OF BUILDING	S 2200 SQ FTBAR/LO HEN IS LOCATED IN TH FLOORHANDICAP A AND ONE ON THE MID	IE NORTHEAST (CCESSIBLE ENT DLE STREET SIE	CORNERTWO EN RANCE/EXIT ON T	ITRANCES/EXITS THE MAIN ST. SIDE
-	and swear under penalties			
	newed license will be of the censee has complied with	• •	•	
	remises are now open for b		_	o taxes, and
		` 1	,	
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, si	gned, attest that we are gned by the building inspand (2) the certificate of	pector and the hea	d of the fire departi	
Please Check Below APPROVED: [DISAPPROVED (If disapproved e):		LOCAL LICENS By:	SING AUTHORITY